

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/496391
APPLICANT(S)

FILING DATE

2/4/0

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	92					
TOTAL DEP.	10					
TOTAL CLAIMS	102					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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